

Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:

SECRETARY OF THE SENATE

Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.

16 NOV 10 PM 5:12

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☐ The original *Employee Pre-Travel Authorization* (Form RE-1), AND
☐ A copy of the *Private Sponsor Travel Certification Form* with all attachments (itinerary, invitee list, etc.)

Georgia Alliance of Community Hospitals

Private Sponsor(s) (list all):

Travel date(s): October 12-14

Name of accompanying family member (if any): N/A

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate <input checked="" type="checkbox"/> Actual Amount	N/A	\$120 per night	\$150 total	

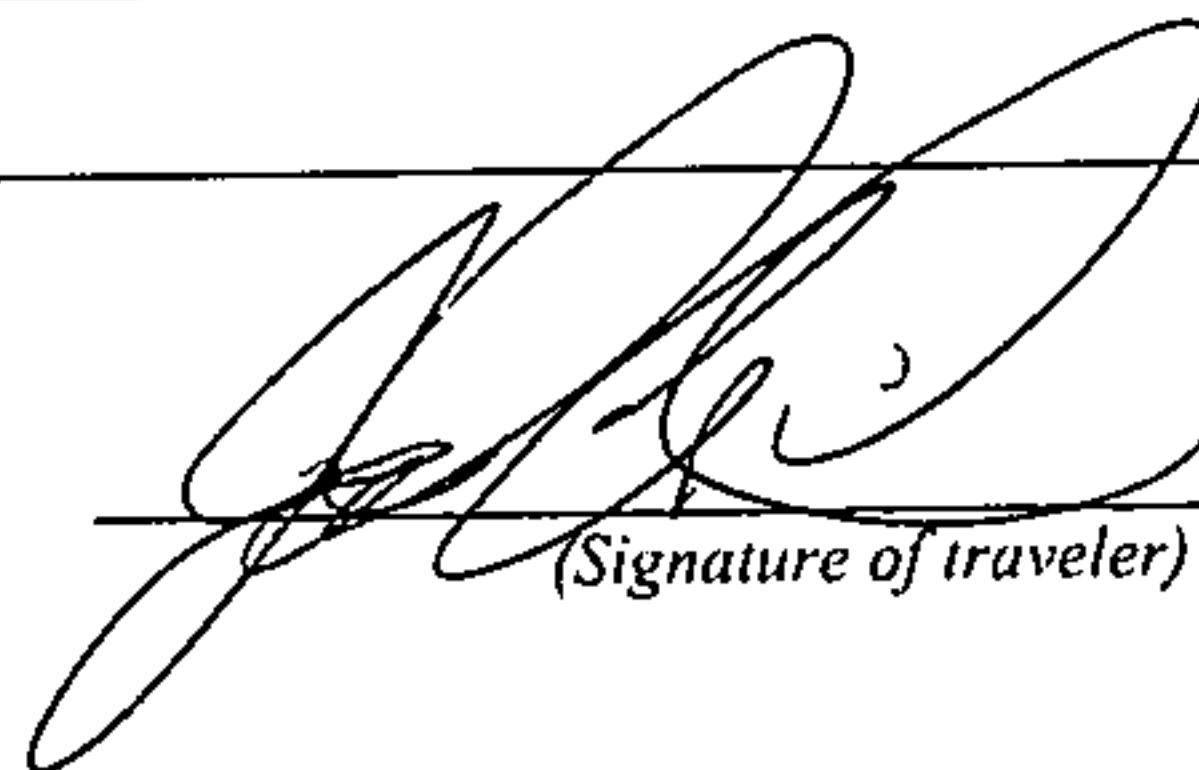
Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate <input type="checkbox"/> Actual Amount				

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.): Itinerary is attached

11/10/16
(Date)

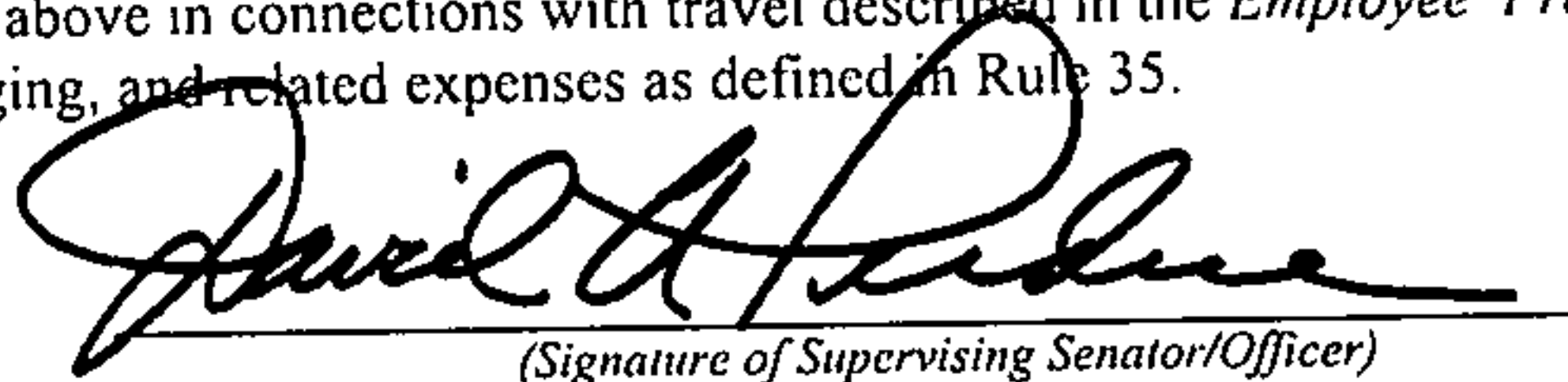
John A. Elinice
(Printed name of traveler)


(Signature of traveler)

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

11/10/16
(Date)


(Signature of Supervising Senator/Officer)

EMPLOYEE PRE-TRAVEL AUTHORIZATION

Pre-Travel Filing Instructions: Complete and submit this form at least 30 days prior to the travel departure date to the Select Committee on Ethics in SH-220. Incomplete and late travel submissions will **not** be considered or approved. This form **must** be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

Name of Traveler: John A. Eunice

Employing Office/Committee: Perdue

Private Sponsor(s) (list all): Georgia Alliance of Community Hospitals

Travel date(s): Oct 12-14

*Note: If you plan to extend the trip for any reason you **must** notify the Committee.*

Destination(s): Greensboro, Georgia

Explain how this trip is specifically connected to the traveler's official or representational duties:

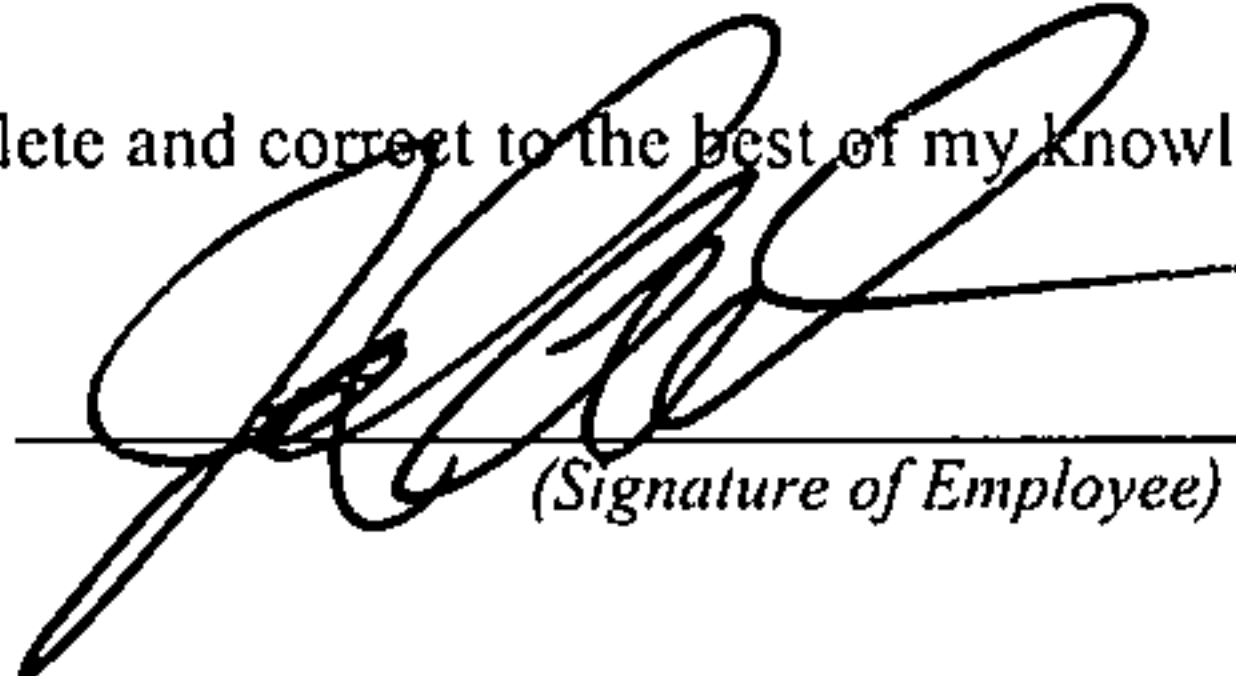
As Senator Perdue's General Counsel, John is responsible for advising him on all matters relating to healthcare and hospitals. This conference will focus on the issues important to hospitals in Georgia and some policy issues those hospitals have at the federal and state level.

Name of accompanying family member (if any): N/A

Relationship to Employee: ☐ Spouse ☐ Child

I certify that the information contained in this form is true, complete and correct to the best of my knowledge:

9/9/16
(Date)


(Signature of Employee)

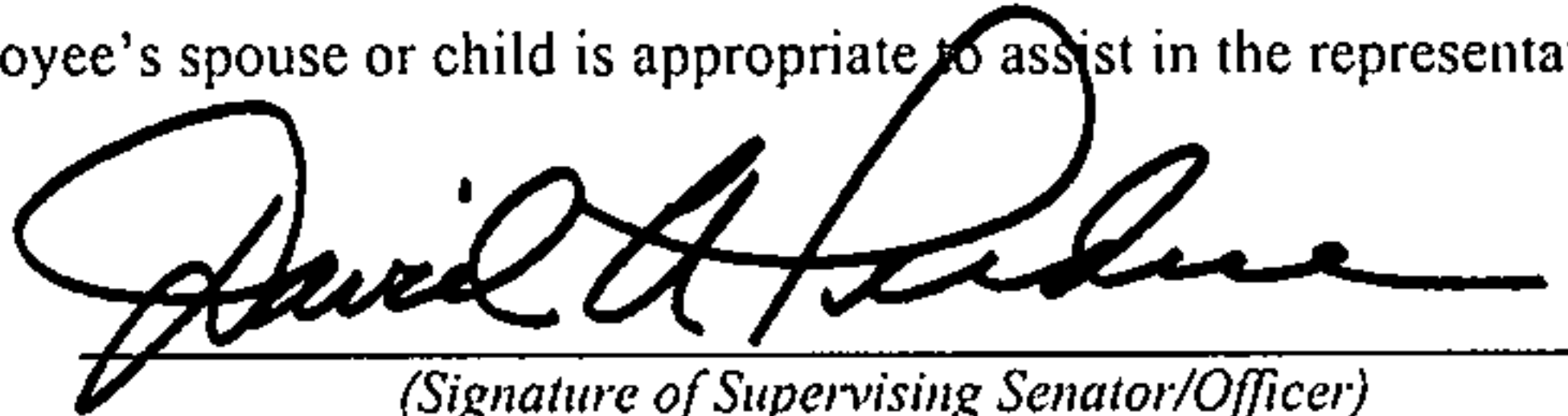
TO BE COMPLETED BY SUPERVISING SENATOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, Secretary for the Majority, Secretary for the Minority, and Chaplain):

I, David A. Perdue hereby authorize John A. Eunice
(Print Senator's/Officer's Name) (Print Traveler's Name)

an employee under my direct supervision, to accept payment or reimbursement for necessary transportation, lodging, and related expenses for travel to the event described above. I have determined that this travel is in connection with his or her duties as a Senate employee or an officeholder, and will not create the appearance that he or she is using public office for private gain.

I have also determined that the attendance of the employee's spouse or child is appropriate to assist in the representation of the Senate. (signify "yes" by checking box) ☐

9/9/16
(Date)


(Signature of Supervising Senator/Officer)

PRIVATE SPONSOR TRAVEL CERTIFICATION FORM

This form must be completed by any private entity offering to provide travel or reimbursement for travel to Senate Members, officers, or employees (Senate Rule 35, clause 2). Each sponsor of a fact-finding trip must sign the completed form. The trip sponsor(s) must provide a copy of the completed form to each invited Senate traveler, who will then forward it to the Ethics Committee with any other required materials. The trip sponsor(s) should **NOT** submit the form directly to the Ethics Committee. Please consult the accompanying instructions for more detailed definitions and other key information.

The Senate Member, officer, or employee **MUST** also provide a copy of this form, along with the appropriate travel authorization and reimbursement form, to the Office of Public Records (OPR), Room 232 of the Hart Building, within thirty (30) days after the travel is completed.

1. Sponsor(s) of the trip (please list all sponsors): The Georgia Alliance of Community Hospitals (GACH)
2. Description of the trip: Georgia Alliance 33rd Annual Meeting
3. Dates of travel: October 12 – 14, 2016
4. Place of travel: Ritz Carlton Lake Oconee Greensboro GA
5. Name and title of Senate invitees: John Eunice, General Counsel, and Jordan Bartolomeo, Health LA
6. I *certify* that the trip fits one of the following categories:
 - ☒ (A) The sponsor(s) are not registered lobbyists or agents of a foreign principal **and** do not retain or employ registered lobbyists or agents of a foreign principal **and** no lobbyist or agents of a foreign principal will accompany the Member, officer, or employee *at any point* throughout the trip.
 - OR –
 - ☐ (B) The sponsor or sponsors are not registered lobbyists or agents of a foreign principal, but retain or employ one or more registered lobbyists or agents of a foreign principal and the trip meets the requirements of Senate Rule 35.2(a)(2)(A)(i) or (ii) (*see question 9*).
7. ☒ I *certify* that the trip will not be financed in any part by a registered lobbyist or agent of a foreign principal.
 - AND –
 - ☒ I *certify* that the sponsor or sponsors will not accept funds or in-kind contributions earmarked directly or indirectly for the purpose of financing this specific trip from a registered lobbyist or agent of a foreign principal or from a private entity that retains or employs one or more registered lobbyists or agents of a foreign principal.
8. I *certify* that:
 - ☒ The trip will not in any part be planned, organized, requested, or arranged by a registered lobbyist or agent of a foreign principal except for *de minimis* lobbyist involvement.
 - AND –
 - ☒ The traveler will not be accompanied on the trip by a registered lobbyist or agent of a foreign principal except as provided for by Committee regulations relating to lobbyist accompaniment (*see question 9*).

9. **USE ONLY IF YOU CHECKED QUESTION 6(B)**

I *certify* that if the sponsor or sponsors retain or employ one or more registered lobbyists or agents of a foreign principal, one of the following scenarios applies:

☐ (A) The trip is for attendance or participation in a one-day event (exclusive of travel time and one overnight stay) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee *on any segment* of the trip.

– OR –

☐ (B) The trip is for attendance or participation in a one-day event (exclusive of travel time and two overnight stays) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee *on any segment* of the trip (*see questions 6 and 10*).

– OR –

☐ (C) The trip is being sponsored only by an organization or organizations designated under § 501(c)(3) of the Internal Revenue Code of 1986 and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee *at any point* throughout the trip.

10. **USE ONLY IF YOU CHECKED QUESTION 9(B)**

If the trip includes two overnight stays, please explain why the second night is practically required for Senate invitees to participate in the travel:

11. ☒ An itinerary for the trip is attached to this form. I *certify* that the attached itinerary is a detailed (hour-by-hour), complete, and final itinerary for the trip.

12. Briefly describe the role of each sponsor in organizing and conducting the trip:

The Alliance is the sole sponsor and planner for this event and conducted all aspects and details of this trip.

13. Briefly describe the stated mission of each sponsor and how the purpose of the trip relates to that mission:
see attached

14. Briefly describe each sponsor's prior history of sponsoring congressional trips:

The Alliance has not previously sponsored congressional trips.

15. Briefly describe the educational activities performed by each sponsor (other than sponsoring congressional trips):

The Alliance provides opportunities throughout the year for member hospitals and vendors to network and share best practices and the latest trends in healthcare. We offer educational opportunities to discuss the future and economic impact any changes may have on the healthcare delivery system in Georgia.

16. Total Expenses for Each Participant:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses
<input checked="" type="checkbox"/> Good Faith estimate <input type="checkbox"/> Actual Amounts		\$120 per night	\$150 total	

17. State whether a) the trip involves an event that is arranged or organized *without regard* to congressional participation or b) the trip involves an event that is arranged or organized *specifically with regard* to congressional participation:

The trip involves an event that is arranged or organized without regard to congressional participation.

18. Reason for selecting the location of the event or trip

This location has been the site of this conference since 2010 and is reasonably located for the statewide membership of GACH. This location was voted on by our Board of Directors.

19. Name and location of hotel or other lodging facility:

The Ritz Carlton Reynolds Lake Oconee -- One Lake Oconee Trail Greensboro, GA 30643

20. Reason(s) for selecting hotel or other lodging facility:

This hotel is centrally located for our members and has the size and conference facilities necessary
for this event.

21. Describe how the daily expenses for lodging, meals, and other expenses provided to trip participants compares to the maximum per diem rates for official Federal Government travel:

see attached

22. Describe the type and class of transportation being provided. Indicate whether coach, business-class or first class transportation will be provided. If first-class fare is being provided, please explain why first-class travel is necessary:

Transportation is not being provided by the Alliance.

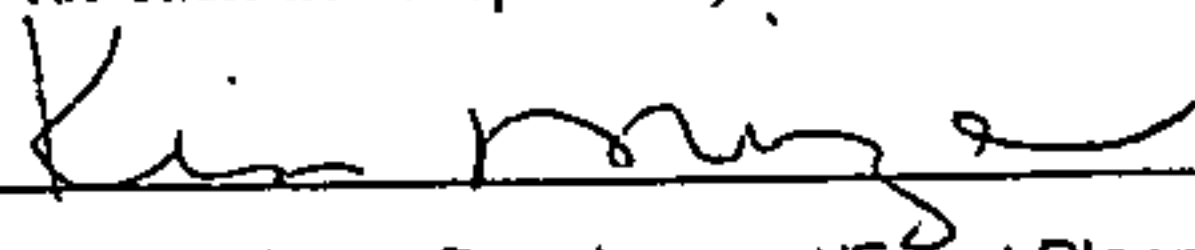
23. ☒ I represent that the travel expenses that will be paid for or reimbursed to Senate invitees do not include expenditures for recreational activities, alcohol, or entertainment (other than entertainment provided to all attendees as an integral part of the event, as permissible under Senate Rule 35).

24. List any entertainment that will be provided to, paid for, or reimbursed to Senate invitees and explain why the entertainment is an integral part of the event:

none

25. I hereby *certify* that the information contained herein is true, complete and correct. (You must include the completed signature block below for each travel sponsor.):

Signature of Travel Sponsor:



Name and Title: Kim Mize Senior VP Business Development/Event Planning

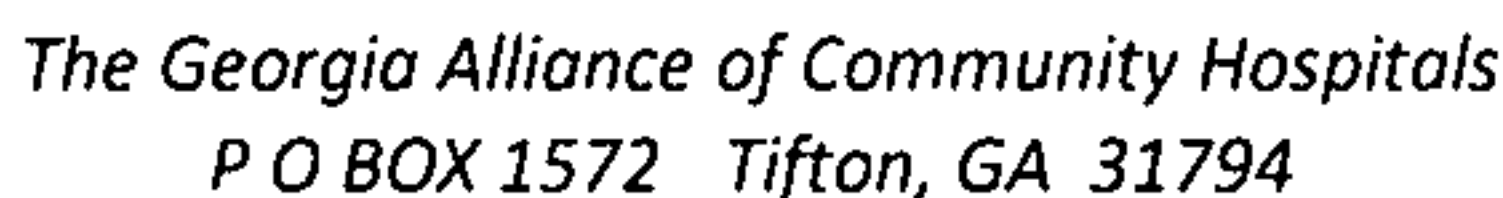
Name of Organization: The Georgia Alliance of Community Hospitals

Address: P O Box 1572 Tifton GA 31794

Telephone Number: 931-561-5176

Fax Number: 229-386-8662

E-mail Address: kmize@gach.org



John Eunice
383 Russell Senate Office Building
Washington, DC 20510

Each year, the Georgia Alliance of Community Hospitals brings together its membership of not-for-profit community hospitals from across the state to work together to address the diversity of issues that impact our ability to provide quality care to our patients and the community.

The conference will be held October 12-14, 2016 at The Ritz Carlton Lodge at Lake Oconee in Greensboro, Ga. We are anticipating approximately 250 CEOs, CFOs, senior government affairs executives, trustees and physicians in attendance.

We would love to have you as our guest for this event. Please contact Kim Mize for rooming reservations at kmize@gach.org or 931.561.5176.

We hope you will be able to join us. If you have any questions, please free to contact Kim at the info provided above or me directly by phone (229-386-8660) or e-mail (mveazey@gach.org).

Sincerely,

Monty Veazey
President, Georgia Alliance of Community Hospitals

၆၇
 ၆၈
 ၆၉
 ၇၀
 ၇၁
 ၇၂
 ၇၃
 ၇၄
 ၇၅
 ၇၆
 ၇၇
 ၇၈
 ၇၉
 ၈၀

00
00
ST
00
00
00
00
00
00
00
00
00



Wednesday

Thursday

Friday

Attire Business Casual

***denotes congressional staff attending**

Senate Employee Invitees to GACH 33rd Annual Conference

- 1) John Eunice (Perdue)
- 2) Jordan Bartolomeo (Isakson)